



Drunk Driving Victim State Highway Naming Application Form

Missouri Department of Transportation



The following items must be submitted with this completed form:

- Application fee payable to: Director of Revenue - Credit State Road Fund
- Written consent from immediate family member of victim.
- Submission copy of Missouri Law Enforcement's report or other supporting documentation indicating one of the vehicle operators involved in the crash was impaired.

Step 1 **Application Information:**

Name: _____ Organization: _____
(if applicable)

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Fax Number: _____
(optional)

E-mail: _____
(optional)

Step 2 By signing this document as the applicant I understand I am certifying I am related to the victim or I have received written consent from an immediate family member of the victim (refer to step 2 of the instructions page). Also, I understand and agree not to install any memorials, adornment, landscaping or make modifications to the sign or the ground around the sign per Chapter 27 of the Missouri Code of State Regulations, Section 7 SCR 10-27.030.

Applicant Signature: _____ **Date:** _____

Step 3 **Crash Information:**

Date Crash Occurred: _____

Name of Victim (full name): _____
(one sign per victim) First Middle Last

State Highway on which the crash occurred: _____
(Crash must have occurred on Missouri State Highway System)

Other Location Details (if available): _____
(ex. direction, mile marker, or distance from another state route)

Nearest Intersection: _____

County: _____ City/Town: _____

Full Name of vehicle operator involved in crash: _____
(One of the vehicle operators)